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April 25, 2008  
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Marlene Caprerj  
Signature of certifier

Marlene Caprerj  
Printed name

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Patent Application of Santiago Rull Prous *et al.* : Group Art Unit: 1655  
:   
Appln. No.: 10/561,698 : Examiner: Susan Coe  
: Hoffman  
:   
Filed: March 22, 2007 : Confirmation No.: 8168  
:   
For: LITCHI SINENSIS EXTRACTS CONTAINING : Attorney Docket  
OLIGOMERIC PROANTHOCYANIDINS AND : No.: C 2815 PCT/US  
PROCESSES OF MAKING THEREOF :   
(as amended) : Customer Number: 23657

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please make the following correction of the Filing Receipt for Serial No. 10/561,698.

In the **Applicant(s)** section the name of the second inventor should be corrected, as follows:

Smal Alaoui Ismaili, Cerdanyola del Valles, SPAIN

Thank you for your assistance in this matter.

Respectfully submitted,

April 25, 2008

Date

Cognis Corporation  
300 Brookside Avenue  
Ambler, PA 19002

John F. Daniels  
John F. Daniels  
Reg. No. 34,314  
Attorney for Applicants  
215-628-1413

Enc.: (1) Filing Receipt - Page 1 (true copy marked to show corrections)  
(2) Executed Declaration (true copy showing correct information)



# UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	TOT CLAIMS	IND CLAIMS
10/561,698	03/22/2007	1655	1030	C 2815 PCT/US	11	3

CONFIRMATION NO. 8168

23657  
COGNIS CORPORATION  
PATENT DEPARTMENT  
300 BROOKSIDE AVENUE  
AMBLER, PA 19002

## FILING RECEIPT



\*0C000000026413981\*

Date Mailed: 10/25/2007

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections**

### Applicant(s)

Santiago Rull Prous, Barcelona, SPAIN;  
*Smail* → ~~Small~~ Alaoui Ismaili, Cerdanyola del Valles, SPAIN;  
Bernd Fabry, Korschenbroich, GERMANY;

**Power of Attorney:** The patent practitioners associated with Customer Number 23657

### Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP04/06415 06/15/2004

### Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 03014143.6 06/24/2003

**If Required, Foreign Filing License Granted:** 10/23/2007

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 10/561,698**

**Projected Publication Date:** 01/31/2008

**Non-Publication Request:** No

**Early Publication Request:** No

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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2815 PCT/US	
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		First Named Inventor	Santiago RULL PROUS	
		COMPLETE IF KNOWN		
		Application Number	10/561,698	
		Filing Date		
		Group Art Unit		
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing		Examiner Name		
<p>As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>				
<p>LITCHI SINENSIS EXTRACTS CONTAINING OLIGOMERIC PROANTHOCYANIDINS</p>				
(Title of the invention)				
<p>the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) 06/15/2004 as United States Application Number or PCT International Application Number PCT/EP2004/006415 and was amended on (MM/DD/YYYY) (If applicable).</p>				
<p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p>				
<p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p>				
<p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p>				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
03014143.6	EP	06/24/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.				
<p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p>				
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
	PCT/EP2004/006415	06/15/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name	Registration Number	

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

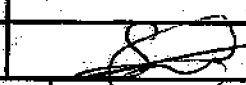

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Santiago	Middle Initial		Family Name	RULL PROUS
Inventor's Signature				Date	17.02.05
Residence: City	Barcelona	State		Country	Spain
Post Office Address	Francesc Carbonell 32-4a-2*				
Post Office Address					
City	08034 Barcelona	State		Country	Spain
Applicant Authority					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Type a plus sign (+) inside this box - ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Smail			Middle Initial		Family Name		ALAOU IMAILI				Suffix e.g. Jr.						
Inventor's Signature										Date		20.02.06							
Residence: City		Cerdanyola del Vallès			State				Country		Spain		Citizenship		Moroccan				
Post Office Address		Paseo Cordellas, 57, 4º, 1a																	
Post Office Address																			
City		08290 Cerdanyola del Vallès			State				Zip				Country		Spain		Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Bernd			Middle Initial		Family Name		FABRY				Suffix e.g. Jr.						
Inventor's Signature										Date		02.03.06							
Residence: City		Korschenbroich			State				Country		Germany		Citizenship		German				
Post Office Address		Bruchstrasse 13																	
Post Office Address																			
City		41352 Korschenbroich			State				Zip				Country		Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name						Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State				Country				Citizenship						
Post Office Address																			
Post Office Address																			
City					State				Zip				Country				Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name						Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State				Country				Citizenship						
Post Office Address																			
Post Office Address																			
City					State				Zip				Country				Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name						Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State				Country				Citizenship						
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<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			